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ABSTRACT

Current literature dealing with the social adjustment of physically handicapped persons falls into four general divisions: articles which amass all physically disabled persons and draw support for conceptual formulations from anecdotal accounts, works which focus on a specific handicap, articles that describe the personality of handicapped persons and those closely related to them, and those which deal with attitudes of and toward the disabled. Studies investigating the social interaction between physical disabilities and retardation are not abundant. To uncover techniques which the retardate employs to minimize the effect of his physical anomaly on others, an attempt should be made to observe the physically handicapped retardate in common social situations through a method such as a modified application of a Transactional Analysis instrument. (LS)

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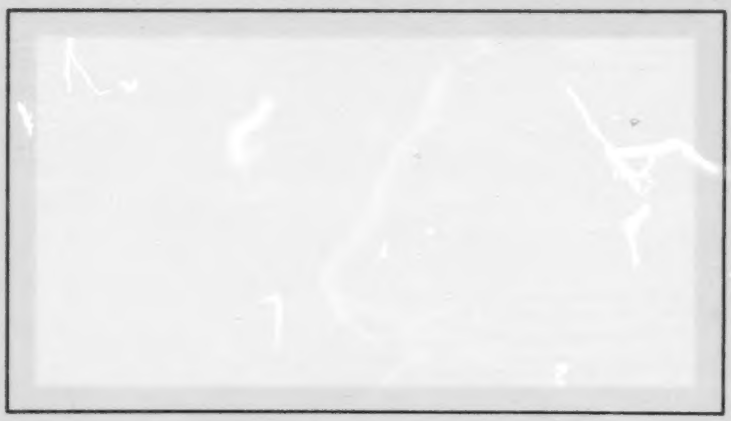

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WORKING PAPER NO. 36

THE INFLUENCE OF PHYSICAL STIGMATA UPON THE COMMUNITY ADJUSTMENT OF EDUCABLE MENTAL RETARDATES - A LITERATURE REVIEW

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THE INFLUENCE OF PHYSICAL STIGMATA UPON THE COMMUNITY ADJUSTMENT OF EDUCABLE MENTAL RETARDATES - A LITERATURE REVIEW

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Current literature dealing with the social adjustment of physically handicapped persons falls into four general divisions as outlined below. Each of the four categories may be sub-divided into two groups: those that discuss the intellectual abilities of subjects and those that do not differentiate subjects by intelligence. Generally the intellectual level of the handicapped person is treated only as another factor against which physical disability is correlated. I.Q. is assessed before and after treatment. This paper reviews this literature in order to assess the possible contribution of a research program to explore the effect of physical handicaps upon the social behavior of mentally retarded, physically handicapped individuals. Recognizing that the literature can additionally be categorized by the intellectual level of subjects, there are four major sub-categories descriptive of past work in this field.

The first group of articles contains those which amass all physically disabled persons and draw support for conceptual formulations from anecdotal accounts. Such literature is exemplified by the works of Goffman (1963) and Wright (1960). This literature characteristically recounts only information supporting the author's conceptual formulations; therefore, representativeness of such information is questionable. In addition, diverse handicaps are combined, equating the diverse problems of such persons as amputees and the hard-of-hearing. Although medical problems

of homogeneously handicapped persons are dealt with separately, social problems are often equated. It would seem reasonable to question the extent to which a specific handicap influences the reaction of others toward the handicapped person. Carefully controlled studies may yield information about common problems of physically handicapped persons, yet it would seem important to recognize that resolution of problems may require differential techniques dependent upon the nature of disability. With these qualifications in mind, the work of Goffman contains some important directions for further research.

Accepting Goffman's definition of stigma ("an attribute that is deeply discrediting"), necessitates exploration of its components to provide parameters for data collection. The first component is that of "attribute." Goffman discusses stigma as being something which an individual possesses. In his book, he concentrates examples of attributes among the physically handicapped discussing slightly, prostitutes and mental patients. It is possible that the class of attributes may be enlarged to include conditions which the stigmatized are alleged to have but which they may in fact not possess. Such an enlargement is exemplified by speaking loudly to a blind person as though being blind affected hearing. Once an individual is believed to possess one characteristic not found in humans, the path is open for treating that individual in ways a human would not be treated. Some examples of such treatment come readily to mind: the housing requirements of a nonhuman are less than for a human; one may talk to and about a nonhuman in the presence of the nonhuman in a manner one would not communicate with a human.

A second component of the definition of stigma which should be analyzed is the qualifier as to degree of discredit "deeply." It should not be thought that the attribute has a temporary influence but rather that the individual is profoundly altered with the discovery of a stigmatizing attribute. It would seem that there are few attributes so capable of altering a person as permanent visible physical disability.

A third component of the definition describes the probable nature of social interaction involving the stigmatized. Goffman points out that stigmata are discrediting. This characteristic of stigmata influences the probable quality and range of interaction with the stigmatized. If Goffman is correct in asserting that stigmata are discrediting, the probable response to a disabled person's behavior will be negative. Negative responses function to decrease the probability that behavior will be repeated. The stigmatized individual is faced with the necessity of maximizing the probability of positive consequation.

The second sub-category of works focus upon a specific handicap. This literature is often diagnostic in character, describing the physical symptoms and medical treatment or special educational techniques deemed appropriate. It is interesting to note that individuals with heterogeneous handicaps are seldom included. This literature leaves the impression that problems associated with any single handicap are additive for the multiply handicapped. Ignored are possible interaction effects. Examples of such literature are common to books of readings such as Kirk (1963) and Trapp and Hamelestein (eds.), (1962). This literature usually corects the sampling problem common to literature of the first type, yet the data is generally derived from standardized tests

administered in institutional settings. Little or no information is derived from observation of handicapped persons performing in social situations. The methodology used in these studies does not provide meaningful information about the natural life style of subjects as they attempt to adjust to "natural" requirements of the community.

Sub-category three describes the "personality" of handicapped persons and those closely related to them. The works of Smits (1965) and Edith Meyer (1947), exemplify this third category. An immediate question arising from these studies is the possible relevance of information collected. Does such information contribute to "more and better rehabilitation?" This is admittedly an unpopular question among much of the scientific community which insists that practicality is not a legitimate criterion for evaluation of scientific endeavor, nevertheless, suggesting that a handicapped person has a lower "self-acceptance" score than a non-disabled individual is not to suggest a solution to transportation or employment problems common to both the self-accepting and non-self-accepting handicapped person. The relevance of many standardized tests when applied to certain cultural and racial groups has often been challenged. Standard tests of intelligence have received much criticism, a summary of which is presented by Riessman (1962). In any case, it is difficult to defend a practice of equating current behavior with the verbal reports of past behavior given our knowledge of the vagaries of man's memory.

A fourth and final literature category deals with attitudes of and toward the disabled. A common characteristic of these studies is that they ask subjects to describe the personality and/or behavior of a

stimulus group of physically disabled persons. Force (1956) and Sommers (1963) are all good examples of this approach to the study of physical stigmata and its effect on life style. Typically, studies of this fourth type select some examples of a physically deviant person to show to a sample of "normal" persons. The contact between stimulus (disabled person) and subject (normal person) lasts for a few minutes at most and is analagous to the conditions operating as a disabled person goes through a supermarket check stand. Under such conditions, it does not seem necessary to conclude that the expressed negative attitude results in behavior of any consistent type. The probability of differential treatment may vary with length or frequency of contact. Studies which present the disabled person in artificial settings probably do not accurately reflect responses common to natural situations.

The treatment that the physically handicapped individual receives from others contributes to the difficulty of performing appropriately, the negative attitudes of others do not necessarily so contribute. If one chooses to argue that attitudes are the causes or source of behavior, one must realize that it is equally possible to argue the opposite. To say that because I don't like you I treat you badly is to leave unexplained why I treat well other persons whom I don't like. One may just as validly argue that because I have treated you badly in the past I have come to a point where I no longer like you; or, perhaps more cogently, because I have observed others treating you badly, I do not like you.

Studies relating attitude variables to physical stigmata do not generally compare persons of normal and impaired intellectual functioning.

These studies are conducted in laboratory conditions using standard tests and structured questions with little information obtained concerning the functioning of the physically disabled person in the nature-community setting. Studies relating community characteristics to ease of functioning by the physically impaired are not in abundance. This paper has attempted to assess research into the management of physical disabilities in order to discover the extent to which the mentally retarded have served as subjects. In addition, we have attempted to assess the methodology used in such studies.

Studies investigating the social interaction between physical disabilities and retardation are not abundant. A major contribution could be made by carefully attempting to observe the physically handicapped retardate in common social situations. The goal of such a study would be to uncover those techniques which the retardate employs to minimize the negative effect upon others of his physical anomaly.

One technique which might prove useful would be a modified application of the Transactional Analysis instrument developed by Crosson, et. al. This instrument is designed to plot the pattern of interaction between the subject and his environment. This is a potentially useful instrument for this particular research because it would be possible to sample the process of adjustment following either trauma or a birth defect. This instrument should show a change in the probability of classes of subject behavior and consequences to that behavior. Essential to this analysis would be previous work collecting data which could be used as norms against which the data from disabled retardates could be

compared. Data collection using physically disabled non-retardates could be collected simultaneously with the retardate data and thus avoid the effect of time lags. A series of studies could be run using this observational technique within various available settings such as the classroom, home, and workshop.

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